PTO/SB/06 (08-00)
Approved for use through 10/31/2002. OMB 0651-0032
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control numbers.

Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 9-13528-144US OTHER THAN **CLAIMS AS FILED - PART I** SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) **NUMBER EXTRA** RATE FEE FOR NUMBER FILED RATE FEE 710 BASIC FEE \$ OR (37 CFR 1.15(a)) TOTAL CLAIMS 18 21 1 OR 18 minus 20 = INDEPENDENT CLAIMS 0 1 minus 3 = -OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR 728 TOTAL OR TOTAL If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II **SMALL ENTITY** OR SMALL ENTITY (Column 1) COCCO (Column 2) (Columa 3) **CLAIMS** HIGHEST ADDI-ADDI-PRESENT REMAINING NUMBER RATE TIONAL RATE TIONAL **AMENDMENT EXTRA AFTER** PREVIOUSLY FEE FEE MENDMENT PAID FOR OR s_18 = Total Minus (37 CFR 1.16(c)) OR Independent Minus OR (17 CFR 1.16(b)) (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 3) (Column 2) (Column 1) A4 6 44: ADDI-ADDI-HIGHEST CLAIMS REMAINING PRESENT RATE TIONAL NUMBER TIONAL RATE AMENDMENT AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Minus OR Independent Minus ΩR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR TOTAL ADDIT. FEE ADDIT. FEE (Column 2) (Column 3) (Column I) ADDI. **CLAIMS** HIGHEST ADDI-**PRESENT** TIONAL REMAINING NUMBER RATE TIONAL RATE **AMENDMENT EXTRA AFTER** PREVIOUSLY FEE FEE AMENDMENT PAID FOR OR Total (37 CFR 1.16(c)) Minus OR *** Independent (37 CFR 1.16(b)) Minus ΩR (37 CFR 1,16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR ADDIT. FEE * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.